CIVIL MONEY PENATLY QUALITY IMPROVEMENT INITIATIVE (CMPQII) GRANT PROPOSAL GUIDELINES

GOAL

The goal of the Iowa Department of Human Services (DHS) *Civil Money Penalty Quality Improvement Initiative* (CMPQII) Grant Program is to enhance the quality of care and the quality of life for nursing facility residents through initiatives that focus on enhancement and educational initiatives.

OBJECTIVES

In partnership with dually certified (Medicare/Medicaid) nursing facilities, the grant program's objective is to develop and implement quality improvement initiatives that directly or indirectly benefit nursing facility residents. These initiatives should showcase a variety of enhancement or educational philosophies through current and sound evidence-based practices that promote quality of care and quality of life for both residents and staff.

Another objective of the grant program is to utilize civil money penalties (CMPs) collected by the Department of Inspections and Appeals (DIA) to help protect the health or property of residents of facilities with a history of a deficient practice.

FUNDING

PROPOSALS

The CMPQII grant program will accept proposals from any nursing facility, state agency, nursing facility resident advocacy group, or other nursing facility stakeholder group that is interested in promoting quality of care and/or quality of life for both residents and staff of nursing facilities licensed by the lowa Department of Inspections and Appeals and certified as meeting the requirements of participation for Medicaid and Medicare.

Only the applicant named in the grant proposal may utilize grant awards. Only one CMPQII proposal may be submitted per applicant. All proposals must contain the required information described below, and the applicant must comply with all other requirements of the CMPQII programs.

AVAILABILITY OF FUNDS

At the beginning of each calendar year, the department shall set aside an annual amount from the civil money penalty fund established pursuant to lowa Code section 249A.19 to be awarded in the form of grants to eligible entities for approved quality improvement initiatives. At no time shall the grant set-aside cause the civil money penalty fund to drop below \$1 million.

In any calendar year in which sufficient funds are available in the civil money penalty fund to support quality improvement initiative grants, the department shall issue a notice for proposals for grants.

There is no entitlement to any funds available for grants awarded through this initiative. The department may award grants to the extent funds are available and, within its discretion, to the extent that proposals are approved.

TIMELINE FOR SUBMITTING PROPOSALS

All proposals must be received by DHS/IME by 4:30 p.m. CST on April 30 of each year that funding is available. Proposals will be date stamped by DHS/IME upon receipt. Grant proposals received after April 30 shall not be considered.

INFORMATION ABOUT THE GRANT PROCESS

ISSUING OFFICER

The issuing officer is the sole point of contact regarding the grant process from the date of issuance until selection of the successful bidder. The issuing officer for this grant is:

Don Gookin, Nursing Facility Program Manager lowa Medicaid Enterprise, Bureau of Long Term Care 100 Army Post Road Des Moines, IA 50315 (515) 256-4648 dgookin@dhs.state.ia.us

From the issue date of this grant until announcement of the successful applicants, each prospective project bidder may contact only the issuing officer regarding the grant process. The applicants shall not contact any other DHS employee or any other employee of the administrative contractor listed above concerning this grant. The issuing officer will respond only to questions regarding the procurement process.

DOWNLOADING THE GRANT APPLICATION FROM THE INTERNET:

The grant application, any amendments, and responses to questions will be posted on the IME website at: http://www.ime.state.ia.us/Providers/index.html.

Check the website periodically for any amendments to this grant application. The posted version of the grant application is the official version. The agency will only be bound by the official version of the documents. Applicants should ensure that any downloaded documents are in fact the most up to date and are unchanged from the official version.

WRITTEN QUESTIONS

Applicants may submit written questions regarding this announcement. Any ambiguity regarding this announcement shall be addressed through the question and answer process.

Questions must be e-mailed to the issuing officer. Applicants should reference the grant application page number(s) if a question pertains to something specific in the grant application. Written responses to questions regarding this announcement will be posted on the IME website at: http://www.ime.state.ia.us/Providers/index.html. Written responses to questions will not be considered part of the application guidelines. Any changes to the application guidelines will occur through an amendment.

AMENDMENTS

If it becomes necessary to revise any part of the grant application, all amendments will be posted to: http://www.ime.state.ia.us/Providers/index.html.

DETAILS OF THE PROPOSAL REQUIREMENTS

All proposals must meet the requirements outlined in 441 IAC Chapter 166. Grant funds may be requested for any enhancement or educational initiative that directly impacts the hands-on quality of care or quality of life of nursing facility residents beyond minimum standards, as determined by DHS/IME. Educational initiatives must be current and sound evidence-based practices that promote quality of life and quality of care. The idea should be innovative to the state or to long-term care. Any proposals submitted must take into consideration all federal and state regulations applicable to the nursing facility.

REQUIREMENTS FOR APPLICANTS

Eligible entities wishing to apply for quality improvement initiative grants must meet the following requirements:

- Eligible entities may submit a proposal on behalf of a specific facility, on behalf of a
 group of facilities or on behalf of a stakeholder group. However, grant funds awarded
 shall be distributed to one distinct entity that shall be contractually responsible for the
 funds.
- The applicant must demonstrate the capacity to carry out the initiative for which the grant is requested.
- At the time of the application a facility applicant must not have:
 - a) Any pending enforcement actions that could result in the closure of the facility; or
 - b) Any outstanding sanctions by the IME or the Centers for Medicare and Medicaid Services (CMS); or
 - c) Any outstanding or unresolved Class I Violations.
- An applicant previously awarded a quality improvement initiative grant that failed to achieve that initiative's intended goals or outcomes shall be ineligible to apply for a period of five years following that grant award. However, a grant may be considered if the applicant's inability to complete the initiative was due to circumstances beyond the applicant's control.
- An applicant may receive a maximum of two grants within a five-year period.

REQUIREMENTS FOR GRANT AWARDS

Grants are available only for quality improvement initiatives that are outside the scope of normal operations for the nursing facility or other applicant. Grants cannot be used as replacement funding for goods or services that the applicant already offers.

The applicant must be able to identify:

- a) Areas in need of improvement; including staff education or training needs not available through current corporate or facility contract employment and
- b) Efficient uses of the quality improvement initiative grant to improve the quality of life or quality of care of nursing facility residents.

GRANTS MAY BE AWARDED FOR:

- a) Short-term quality improvement initiatives (three years or less) and
- b) Initiatives with a longer term that involve collaborative efforts of state government and various stakeholders.

LIMITS ON SUBMISSION

The applicant shall not submit a request for or receive a grant for the same type of initiative previously awarded a grant. Except for a one-time initiative, grant awards shall be restricted to initiatives that will be self-sustaining once implemented. Costs to maintain the initiative may be considered allowable costs on the nursing facility's financial and statistical report, subject to 441—subrule 81.10(1) and rule 441—81.6(249A).

GRANT AWARDS ARE NOT AVAILABLE FOR THE FOLLOWING:

- a) General operations or administrative salaries.
- b) Capital improvements, construction projects, or other activities that would increase square footage or result in an increase in the assessed value of any property.
- c) Facility maintenance activities intended to meet the minimum standards for nursing facilities set forth in 481—Chapter 61.
- d) Goods or services for which the applicant or others are already obligated to pay.
- e) Vendor payments and payroll obligations for a facility's normal operations or for fulfillment of state or federal requirements.
- f) Costs related to travel, bonuses or other direct employee benefits.
- g) Costs that are not specifically outlined in the applicant's grant proposal or are already included in the facility's cost report.
- h) Projects, programs, goods or services unrelated to improving the quality of life or quality of care of nursing facility residents.

GRANT AWARDS

Grants will be awarded beginning July 1 of each calendar year in which grant funds are available. A grant award review committee appointed by the State Medicaid Director shall review and evaluate all complete grant proposals received by the application deadline.

Grants for approved proposals shall be awarded through a contract entered into by the department and the applicant. Grant funds shall be distributed pursuant to contractual obligations. All grant awards are subject to final approval by the CMS.

QUARTERLY PROGRESS REPORTS

The grantee shall submit quarterly progress reports following the date of the award until completion of the initiative. A grantee that fails to submit a quarterly progress report shall forfeit any future grant award distributions.

NO OBLIGATION TO DHS/IME

Neither DHS/IME nor any agent thereof on behalf of DHS/ IME will be obliged in any way by any applicant response to this grant proposal request.

RIGHT OF REJECTION

DHS/IME reserves the right to accept or reject any or all grant proposals, to award grants for less than the full amount requested, to negotiate with all qualified applicants, and to cancel, in part or in whole, this CMPQII grant if it is in the best interest of DHS/ IME to do so.

TERMINATION

The parties agree that their liabilities and responsibilities shall be contingent upon the availability of funds, and that the grant shall be terminated if such funding ceases to be available. This grant may be canceled and terminated by DHS/IME at any time within the grant period whenever it is determined that the grantee has failed to comply with its obligations. Notification of termination will be sent by certified mail, return receipt requested.

FINAL REPORT

As a condition of participation, the grantee must submit a final report to the Bureau of Long Term Care at the IME within 60 days of completion of the initiative.

- a. The report shall be submitted on Form 470-4950, Grant Award Final Report.
- b. The final report must provide evidence of successful completion of the quality improvement initiative and must address the following:
 - 1. The purpose of the grant.
 - 2. The expected outcomes of the initiative.
 - The actual outcomes of the initiative.
 - 4. The number of residents that benefited from the initiative.
 - 5. The status of the action plan for sustainability if the initiative will continue beyond the grant funding.

SELECTION PROCESS

INITIAL SCREENING

An initial screening will be completed internally by DHS/IME. The initial screening will be a responsive/non-responsive screening process of all submitted proposals to ensure that all proposals meet the requirements and include the required information and documentation.

If the proposal fails to meet any of the requirements outlined in the grant application guidelines, it may be disqualified in whole or in part. Decisions regarding disqualification may not be appealed under 441 lowa Administrative Code – Chapter 7; but may be reviewed through the process outlined below.

Copies of the proposals that pass the DHS/IME internal review process will then be distributed to the grant review committee who will review the proposals within thirty (30) days of the submission deadline.

GRANT REVIEW COMMITTEE

A designated grant review committee appointed at the discretion of the State Medicaid Director will review proposals. The grant review committee may also seek additional clarification from applicants, as determined necessary.

The DHS/IME intends to conduct a comprehensive, fair and impartial evaluation of all proposals received in response to this announcement. In making this determination, the DHS/IME will be represented by an evaluation committee. Committee members will score the proposals using criteria established for this CMPQII grant process. The final decision to award a grant is at the discretion of the State Medicaid Director.

SCORING

The proposals that meet the initial screening criteria will be scored by the grant review committee using the point ranges and criteria as follows:

Part 1: Vision/Goal (Up to 5 Points)

The vision statement clearly communicates what the applicant wants to accomplish over the long term.

Part 2: Project Description (Up to 20 Points)

The description is detailed and clearly demonstrates a well thought-out, innovative initiative that directly impacts the hands-on quality of care of nursing facility residents beyond the minimum standards. The description indicates which personnel will lead and be part of the project, where and how the project will be implemented.

Part 3: Quality of Care/Quality of Life (Up to 20 Points)

Project clearly defines how the project is related to the quality of care and quality of life and how the project directly impacts nursing facility residents.

Part 4: Objectives/Outcomes (Up to 20 Points)

Objectives detail the goals expected to be obtained as well as the deliverables and performance measures associated with each goal. Objectives identify which personnel are responsible for managing each part of the project. The objectives section describes how the applicant will measure and report that the goals and objectives of the project are being met, including what data will be collected and at what frequency.

Part 5: Implementation Plan and Budget (Up to 25 Points)

Plan includes action steps for each quarter of the grant period that are detailed and manageable. The budget table is detailed and clearly defines each expenditure. Competitive quotes are supplied for goods available from multiple sources.

Part 6: Education Plan (Up to 5 Points)

The plan provides detailed information showing how education for staff, residents, and family members will be implemented. The names, credentials (including education and experience) of each person providing education or training are provided. The plan identifies the educational programs or methods to be used and includes a brief description of those concepts. Educational initiatives promote quality of life and quality of care and have the ability to be replicated statewide.

Part 7: Sustainability (Up to 5 Points)

The plan provides for a detailed description of how this initiative will be sustained after the funding period has ended including the funding source to continue the project. Or identify methods to indicate that the initiative does not need to be sustained.

Proposals will be ranked from highest to lowest based upon scores received. A grant proposal must score at least 85 points on the evaluation criteria to be recommended to the Medicaid Director for an award. The higher a proposal is ranked, the more likely it is that the proposal will be fully funded; however, the agency will not necessarily award a contract to the applicant offering the lowest cost to the agency or to the applicant with the highest point total; rather, contracts will be awarded to the applicants that offer the greatest benefit to nursing facility residents.

The DHS/IME reserves the right and has the sole discretion to determine the amount of an award made under this CMPQII grant process. Grantees must comply with all reporting and monitoring requirements.

The grant review committee will submit the results and its grant award recommendations to the State Medicaid Director. The Medicaid Director will make the final decision on grant awards. Award decisions may not be appealed under 441 lowa Administrative Code – Chapter 7; but may be reviewed through the process outlined below.

CONTRACT AND AWARD FUNDS DISTRIBUTION

NOTICE OF INTENT TO AWARD

Notice of Intent to Award will be sent to all applicants that submitted a complete proposal by the application deadline. The Notice of Intent to Award does not constitute the formation of a contract between the agency and the apparent successful applicant.

REVIEW OF THE NOTICE OF INTENT TO AWARD

Applicants may request a review of the Notice of Intent to Award decision by submitting a written appeal to the agency director.

Director's Office
Department of Human Services
Hoover State Office Building, 5th Floor
1305 East Walnut Street
Des Moines, IA 50319-0114

The agency must receive the written appeal within five (5) business days from the date of the Notice of Intent to Award, exclusive of weekends and state holidays as set forth in Iowa Code §1C.2. The written appeal may be mailed, faxed, e-mailed, or delivered. The request to review the Notice of Intent to Award decision shall clearly and fully identify all issues being contested by reference to the page number of the application guidelines. The director shall review the Notice of Intent to Award decision based on the same information that was before the evaluation committee and the Medicaid Director. An evidentiary hearing will not be conducted. The director shall issue a written decision within ten (10) business days of receipt

of the review request, exclusive of weekends and state holidays. The decision of the director shall be final for purposes of Iowa Code chapter 17A. A request to review the Notice of Intent to Award decision shall not stay negotiations with the apparent successful applicant(s).

CONTRACTUAL OBLIGATIONS

The full execution of a written contract shall constitute the making of a contract for services and no applicant shall acquire any legal or equitable rights relative to the contract services until the contract has been fully executed by the apparent successful applicant and the Agency.

CHOICE OF LAW AND FORUM

This CMPQII grant announcement and the resulting grant award and contract are to be governed by the laws of the State of Iowa without giving effect to the conflicts of law provisions thereof. Changes in applicable laws and rules may affect the negotiation and contracting process and the resulting contract. Applicants are responsible for ascertaining pertinent legal requirements and restrictions. Any and all litigation or actions commenced in connection with this grant award shall be brought and maintained in the appropriate Iowa forum.

The grantee must execute a contract with the department to receive funds awarded through this grant award process. Contracts must be signed before funds will be made available for awarded grants.

Grants for approved proposals shall be awarded through a contract entered into by the department and the applicant. Grant funds shall be distributed to grantees in monthly increments. A grantee that fails to submit a quarterly progress report shall forfeit any future grant award distributions.

MONITORING OF PROGRAM FOR COMPLIANCE

At a minimum, grantees will be required to submit reports on progress quarterly. Other monitoring and reporting requirements may be developed based on the type of proposal awarded. Grantees must adhere to their timeline and budget as stated in their proposal. Should the grantee need to deviate from the proposed timeline or budget, a written request for approval, along with an explanation of the deviation, must be submitted to the DHS/IME Bureau of Long Term Care. A contract amendment may be required if the department determines that the deviation is substantially different from the proposal. Without formal approval of the deviation request from the department, the grantee must adhere to the terms and conditions of the contract.

COMPLIANCE

Grantees must adhere to all conditions of the grant application guidelines and its proposal. To maintain the integrity of the program, DHS/IME personnel may make at least one planned, on-site visit to each grantee to monitor compliance. In addition, documentation of expenses must be submitted with each claim for grant funds. Reviews of expenses will be done for reimbursement and reports submitted to monitor compliance. Grantees are subject to audits by DHS/IME or its designee. Failure on the part of a grantee to comply with the explicit obligations of the award shall result in remedies, up to and including termination of an award and repayment of monies issued.

QUALITY IMPROVEMENT INITIATIVE GRANT PROPOSAL SUBMISSION INSTRUCTIONS

The following is required for all proposals:

- All proposals must be typed using font size no smaller than 12 point. Handwritten proposals will not be accepted
- Maximum of 30 pages, including attachments
- Provide one (1) original proposal in a two pocket folder
- Provide four (4) hard copies of the proposal; each copy in a two pocket folder
- Provide one (1) electronic copy of the proposal, supplied on a CD or DVD, in Microsoft Word (.doc), Rich Text File (.rtf), or Portable Document Format (.pdf) format. <u>However, proposals that are scanned into .pdf format will not be accepted</u>. Scanned copies of the certifications in Appendices A, B, and C are acceptable.

All proposals must contain the following sections. Each section of the proposal should have a tab to clearly identify the section.

Section 1: Applicant Information

- 1. Provide the name, mailing address, telephone number, fax number, and email address for the primary contact person for the proposal. The Primary contact is the individual who can address issues regarding this proposal.
- 2. For the primary applicant seeking the grant provide:
 - o The entity's legal name and all "doing business as" names;
 - The form of business organization (e.g. Corporation, LLC, etc.), the State in which the entity is incorporated/organized, and if currently registered to do business in Iowa, provide the Date of Registration;
 - The entity's Federal Tax ID number;
 - o The entity's primary address, telephone number, fax number, and email address;
 - The number of employees (if any);
 - o If a nursing facility, identify if the facility has a Quality Improvement Committee;
 - Describe the applicant's mission statement, overall goals, and other quality improvement initiatives undertaken.
 - Provide an overview of the applicant's fiscal management process, including oversight provided by the operating board or parent corporation and identification of the applicant's accounting firm.

Section 2: Vision/Goal (Up to 5 Points)

1. Provide a statement about what the applicant wants to accomplish over the long term.

Section 3: Project Description (Up to 20 Points)

1. Project Overview: Provide a detailed description of a well thought-out, innovative initiative. An innovative initiative is one that directly impacts the hands-on quality of care of nursing facility residents beyond the minimum standards. It should clearly show who will lead and be part of the project, where and how the project will be implemented. State clearly what you wish to improve and how you intend to achieve this goal through the use of the CMP funds.

Section 4: Quality of Care/Quality of Life (Up to 20 Points)

1. Provide details on how the project will directly impact the quality of care and quality of life of nursing facility residents. To be considered, the project must have a direct impact on residents.

Section 5: Objectives / Outcomes (Up to 20 Points)

- 1. Provide details on measurable, manageable and reachable goals expected to be attained by the applicant. Each goal of the project should have one or more deliverables and one or more performance measures associated with it. It should state which personnel are responsible for managing each part.
- 2. Provide details on how the applicant plans to provide baseline, quarterly and final reports of progress on all deliverables, performance measures, and funds expended.

Section 6: Implementation Plan and Budget (Up to 25 Points)

- 1. Include a list of action steps to be completed within each quarter of the project's timeframe. These must be detailed and manageable.
- 2. Provide details on the budget. Using a table format, provide the line item budget for the project. If purchasing goods available from multiple sources, you must include competitive quotes. Budget amounts for anything prohibited by the CMPQII Guidelines or State Administrative Rules will be disallowed.

Section 7: Education Plan (Up to 5 Points)

- 1. Provide detailed information stating how you will implement education for staff, residents, and family members. The names, credentials (including education and experience) of each person providing education or training must be provided.
- 2. Identify the educational programs or methods to be used and include a brief description of those concepts. Educational initiatives must be current and sound evidence-based practices that promote quality of life and quality of care and have the ability to be replicated statewide. Explain how the components of the educational program will be implemented, including strategies to be used to educate staff, residents, and family members.

Section 8: Sustainability (Up to 5 Points)

1. Describe how this initiative will be continued after the initial funding period ends including who will be responsible and what funds will be used to continue this project. Or identify methods to indicate that the initiative does not need to be sustained.

Section 9: Certifications

- 1. Copy the Proposal Certification and Additional Certifications form provided in Appendix A and provide a signed and dated copy in your proposal.
- 2. Copy the Minority Impact Statement provided in Appendix B and provide a completed, signed and dated copy in your proposal.
- 3. If the applicant will be using subcontractors, identify the subcontractor by name using the Subcontractor Disclosure Form provided in Appendix C. Each such subcontractor must fill out a Subcontractor Disclosure Form, and all Subcontractor Disclosure Forms for the project should be included in this section.

Proposals must be received at the following address by 4:30 p.m. CST on April 30. Grant proposals received after April 30 shall not be considered.

Don Gookin, Nursing Facility Program Manager Iowa Medicaid Enterprise Bureau of Long Term Care 100 Army Post Road Des Moines, IA 50315

APPENDIX A APPLICATION CERTIFICATION AND ADDITIONAL CERTIFICATIONS

By signing below, Applicant certifies that:

- Applicant accepts and will comply with all contract terms and conditions contained in the sample contract without change except as otherwise expressly stated in the Primary Applicant Detail Form & Certification.
- Applicant has reviewed the additional certifications, which are incorporated herein by reference, and by signing below represents that applicant agrees to be bound by the obligations included therein.
- Applicant does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;
- Applicant has received any amendments to this grant application issued by the agency;
- Applicant either is currently registered to do business in lowa or agrees to register if applicant is awarded a contract pursuant to this grant application;
- The person signing this application certifies that they are the person in the applicant's organization responsible for or authorized to make decisions regarding the prices quoted and they have not participated and will not participate in any action contrary to the anti-competitive agreements outlined above;
- Applicant specifically stipulates that the application is predicated upon the acceptance
 of all terms and conditions stated in the grant application and the sample contract
 without change. Objections or responses shall not materially alter the grant application.
 All changes to proposed contract language, including deletions, additions and
 substitutions of language, must be addressed in the proposal;
- Applicant certifies that the applicant organization has sufficient personnel resources available to provide all services proposed by the proposal, and such resources will be available on the date the grant application states services are to begin. Applicant guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the agency to substitute staff;
- Applicant certifies that if the applicant is awarded the contract and plans to utilize
 subcontractors at any point to perform any obligations under the contract, the applicant
 will (1) notify the agency in writing prior to use of the subcontractor, and (2) apply all
 restrictions, obligations and responsibilities of the resulting contract between the agency
 and contractor to the subcontractors through a subcontract. The contractor will remain
 responsible for all deliverables provided under this contract.
- Applicant guarantees the availability of the services offered and that all proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this grant application or one year from the issuance of this grant application, whichever is earlier; and,
- Applicant certifies it is either a) registered or will become registered with the Iowa
 Department of Revenue to collect and remit Iowa sales and use taxes as required by
 Iowa Code chapter 423; or b) not a "retailer" of a "retailer maintaining a place of
 business in this state" as those terms are defined in Iowa Code subsections 423.1(42) &
 (43). The applicant also acknowledges that the agency may declare the application as
 void if the above certification is false.

• Applicants may register with the Department of Revenue online at: http://www.state.ia.us/tax/business/business.html.

ADDITIONAL CERTIFICATIONS

CERTIFICATION OF INDEPENDENCE AND NO CONFLICT OF INTEREST

By submission of a proposal, the applicant certifies (and in the case of a joint proposal, each party thereto certifies) that:

- 1. The proposal has been developed independently, without consultation, communication or agreement with any employee or consultant of the agency who has worked on the development of this grant application or with any person serving as a member of the evaluation committee;
- 2. The proposal has been developed independently, without consultation, communication or agreement with any other applicant or parties for the purpose of restricting competition;
- 3. Unless otherwise required by law, the information in the proposal has not been knowingly disclosed by the applicant and will not knowingly be disclosed prior to the award of the contract, directly or indirectly, to any other applicant;
- 4. No attempt has been made or will be made by the applicant to induce any other applicant to submit or not to submit a proposal for the purpose of restricting competition;
- 5. No relationship exists or will exist during the contract period between the applicant and the agency that interferes with fair competition or is a conflict of interest.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION -- LOWER TIER COVERED TRANSACTIONS

By signing and submitting this proposal, the applicant is providing the certification set out below:

- 1. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the applicant knowingly rendered an erroneous certification, in addition to other remedies available to the federal government the agency or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 2. The applicant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the applicant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
 - The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principle, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 3. The applicant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart

- 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the agency or agency with which this transaction originated.
- 4. The applicant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 5. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. A participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- 6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 7. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the agency or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND/OR VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS

- The applicant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2. Where the applicant is unable to certify to any of the statements in this certification, such Applicant shall attach an explanation to this proposal.

CERTIFICATION OF COMPLIANCE WITH PRO-CHILDREN ACT OF 1994

The applicant must comply with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private

residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where Women, Infants and Children (WIC) coupons are redeemed.

The applicant further agrees that the above language will be included in any sub-awards that contain provisions for children's services and that all sub-grantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

CERTIFICATION REGARDING LOBBYING

The applicant certifies, to the best of his or her knowledge and belief that:

- 1. No federal appropriated funds have been paid or will be paid on behalf of the subgrantee to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan or cooperative agreement.
- 2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the applicant shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3. The applicant shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C.A. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

CERTIFICATION REGARDING DRUG FREE WORKPLACE

- 1. Requirements for Contractors who are Not Individuals. If the applicant is not an individual, by signing below applicant agrees to provide a drug-free workplace by:
 - a. publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the person's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
 - b. establishing a drug-free awareness program to inform employees about:
 - (1) the dangers of drug abuse in the workplace;
 - (2) the person's policy of maintaining a drug- free workplace;

- (3) any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) the penalties that may be imposed upon employees for drug abuse violations;
- c. making it a requirement that each employee to be engaged in the performance of such contract be given a copy of the statement required by subparagraph (a);
- d. notifying the employee in the statement required by subparagraph (a), that as a condition of employment on such contract, the employee will:
 - (1) abide by the terms of the statement; and
 - (2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction;
- e. notifying the contracting agency within 10 days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
- f. imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted, as required by 41 U.S.C. § 703; and
- g. making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (a), (b), (c), (d), (e), and (f).
- 2. **Requirement for Individuals.** If the applicant is an individual, by signing below the applicant agrees to not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of the contract.
- 3. **Notification Requirement.** The applicant shall, within 30 days after receiving notice from an employee of a conviction pursuant to 41 U.S.C. § 701(a)(1)(D)(ii) or 41 U.S.C. § 702(a)(1)(D)(ii):
 - a. take appropriate personnel action against such employee up to and including termination; or
 - require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

By signing below, I certify that I have the authority to bind the applicant to the specific terms and conditions required in this application and offered in the application. I understand that by submitting this proposal, the applicant agrees to complete the project described herein which meet or exceed the requirements of the grant award unless noted in the application and at the prices quoted by the applicant. I certify that the contents of the application are true and accurate and that the applicant has not made any knowingly false statements in the application.

| Signature: | |
|-------------|--|
| Printed | |
| Name/Title: | |
| Date: | |

APPENDIX B MINORITY IMPACT STATEMENT

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009, or after shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertain to this grant application. Complete all the

| information requested for the chosen statement(s). | | |
|--|--|--|
| | The proposed grant project programs or policies could have a disproportionate or unique positive impact on minority persons. | |
| | Describe the positive impact expected from this project | |
| | Indicate which group is impacted: Women Persons with a Disability White Black or African American Hispanic/Latino Asian Native American/Alaska Native Native Hawaiian or other Pacific Island Other | |
| | The proposed grant project programs or policies could have a disproportionate or unique negative impact on minority persons. | |
| | Describe the negative impact expected from this project | |
| | Present the rationale for the existence of the proposed program or policy. | |
| | Provide evidence of consultation of representatives of the minority groups impacted. | |

| Indicate which group is impacted: | | | | |
|--|-------|--|--|--|
| Women | | | | |
| Persons with a Disability | | | | |
| White | | | | |
| Black or African American | | | | |
| Hispanic/Latino | | | | |
| Asian | | | | |
| Native American/Alaska Native | | | | |
| Native Hawaiian or other Pacific Island | | | | |
| Other | | | | |
| The proposed grant project programs or policies are <u>not expected to have</u> a disproportionate or unique impact on minority persons. Present the rationale for determining no impact. | | | | |
| I hereby certify that the information on this form is complete and accurate, to the best of my knowledge. | | | | |
| Printed Name/Title: | | | | |
| | | | | |
| Signature: | Date: | | | |
| | | | | |
| | | | | |

Definitions

"Minority Persons", as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability", as defined in Iowa Code Section 15.102, subsection 5, paragraph "b", subparagraph (1):

- b. As used in this subsection:
- (1) "Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"Disability" does not include any of the following:

- 1. Homosexuality or bisexuality.
- 2. Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- 3. Compulsive gambling, kleptomania, or pyromania.
- 4. Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"State Agency", as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa

APPENDIX C SUBCONTRACTOR DISCLOSURE FORM

Have this form completed by each subcontractor to be used in the proposed project. Attach the completed form to your proposal. If a section does not apply, label it "not applicable." If the applicant does not intend to use subcontractor(s), this form does not need to be returned.

| Primary | | | | | | |
|---|--------------------------|--|--|--|--|--|
| Applicant | | | | | | |
| Subcontractor Contact Information (individual who can address issues regarding this | | | | | | |
| | proposal | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| Telephone: | | | | | | |
| Fax: | | | | | | |
| e-mail: | | | | | | |
| | | | | | | |
| Subcontractor I | Detail | | | | | |
| Subcontractor Le | _ | | | | | |
| ("Subcontractor") | | | | | | |
| _ | As" names, assumed | | | | | |
| | operating names: | | | | | |
| Form of Business Entity (i.e., corp., | | | | | | |
| partnership, LLC, etc.) | | | | | | |
| | ation/Organization: | | | | | |
| Primary Address: | | | | | | |
| | | | | | | |
| Telephone: | | | | | | |
| Fax: | | | | | | |
| e-mail: | | | | | | |
| Local Address (if any): | | | | | | |
| | | | | | | |
| Addresses of major offices and other | | | | | | |
| facilities that may contribute to | | | | | | |
| performance under this proposal | | | | | | |
| Number of Employees: | | | | | | |
| Number of Years in Business: | | | | | | |
| Primary Focus of Business: | | | | | | |
| Federal Tax ID: | | | | | | |
| Subcontractor's Accounting Firm: | | | | | | |
| If Subcontractor is currently registered to | | | | | | |
| do business in Iowa, provide the Date of | | | | | | |
| Registration: | | | | | | |
| Percentage of to | tal work to be performed | | | | | |
| by this Subcontra | actor pursuant to this | | | | | |
| proposal | | | | | | |

| General Scope of Work to be performed by this Subcontractor: | | |
|--|--|--|
| | | |
| | | |
| | | |
| Detail the Subcontractor's qualifications for performing this scope of work: | | |
| Detail the Subcontractor's qualifications for performing this scope of work: | | |
| Detail the Subcontractor's qualifications for performing this scope of work: | | |
| Detail the Subcontractor's qualifications for performing this scope of work: | | |

By signing below, subcontractor agrees to the following:

- Subcontractor has reviewed the grant application, and subcontractor agrees to perform the work indicated in this proposal if the primary applicant is selected as the winning applicant in this procurement.
- Subcontractor has reviewed the additional certifications and by signing below confirms that the certifications are true and accurate and subcontractor will comply with all such certifications.
- 3. Subcontractor agrees that it will register to do business in lowa before performing any services pursuant to this contract, if required to do so by lowa law.
- 4. Subcontractor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap.

The person signing this Subcontractor Disclosure Form certifies that they are the person in the subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive obligations agreements outlined above.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the subcontractor has not made any knowingly false statements in the Form.

| Signature for | |
|----------------|--|
| Subcontractor: | |
| Printed | |
| Name/Title: | |
| Date: | |